

**WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAID PURCHASING ADMINISTRATION**



***PATHWAYS TO EMPLOYMENT*
MEDICAID INFRASTRUCTURE GRANT**

Proposal to the

**Department of Health and Human Services
Centers for Medicare and Medicaid Services
Center for Medicaid, CHIP, and Survey & Certification**

To Support the Competitive Employment of People with Disabilities

**FUNDING OPPORTUNITY No: CMS-1QA-11-001
COMPETITION ID: CMS-1QA-11-001-011593**

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July 16, 2010

WASHINGTON STATE MEDICAID INFRASTRUCTURE GRANT
PATHWAYS TO EMPLOYMENT 2011

PROJECT ABSTRACT

The Washington Department of Social and Health Services (DSHS) has participated in the Centers for Medicare and Medicaid Services (CMS) Basic Medicaid Infrastructure Grant (MIG) program since its inception in 2001. DSHS is requesting federal funds in the amount of \$750,000 for calendar year 2011 to continue its *Pathways to Employment* initiative and to plan for its sustainability into the future of health care reform.

Building upon successes achieved thus far, *Pathways to Employment* will continue the construction of a more comprehensive and sustainable health systems infrastructure for Washingtonians with disabilities who want to work. Targeted investments are focused to increase state and local responsiveness to the diverse needs of individuals with disabilities in pursuit of competitive employment. The vision that directs all goals and strategies described in this proposal is “an environment that empowers individuals with disabilities who want to work with comprehensive health care coverage, employment services and supports, and meaningful opportunities for career advancement and asset development.”

Individually and collectively, funded projects reflect plans of action identified through an ongoing planning process based on an understanding of limited resources, input from community stakeholders, including consumers, and the commitment of participating partners to support and sustain the common goal of fostering greater self-sufficiency for individuals with disabilities who work, or who wish to work.

The template for *Pathways to Employment* is the Ticket to Work and Work Incentives Act, further defined by the President’s Community Living Initiative. What has emerged, however, is unique to the needs of customers/consumers, service agencies, and the cultural history of state and local delivery systems in Washington State.

By promoting the awareness and use of work incentives provided under Medicaid regulations and the Social Security Act, *Pathways to Employment* continues to foster an expectation of competitive employment and economic advancement for individuals with disabilities. In the coming year, the initiative will also provide them with an understanding of how health care reform may impact their medical coverage and career goals. Community education on the Affordable Care Act will be developed and offered to community stakeholders to help them navigate the many systems changes it will generate. To measure progress achieved by this initiative over the next grant year, baselines established this year will be used for tracking goals identified in this proposal.

The project narrative that follows also provides an assessment of particular achievements made thus far to better coordinate and integrate the delivery of healthcare and employment supports to individuals with disabilities. The measure of these successes, coupled with the expectation that additional improvements will follow, provide evidence that meaningful systems change has occurred and continues to evolve in Washington State, and will continue to do so as health care reform legislation is implemented over the next several years.

WASHINGTON STATE MEDICAID INFRASTRUCTURE GRANT

PATHWAYS TO EMPLOYMENT (PTE) 2011

Project Narrative

The Washington State *Pathways to Employment (PTE)* initiative continues to build an integrated infrastructure for an on-going process of planning, action, learning and innovation designed to enhance employment outcomes for individuals with disabilities who want to pursue their career goals without the fear of losing critical health care and other supports. *PTE* continues to foster an expectation of competitive employment and economic advancement by promoting the use of work incentives made available under Medicaid regulations and the Social Security Act, and by forming sustainable partnerships at the state and local level to continue this work beyond grant funding. In addition to expanding outreach and educational activities, this proposal provides support to partner agencies to implement improvements within their systems for shared customers and consumers, such as engaging innovative service strategies and incorporating or enhancing employment outcome measures in their tracking and reporting protocols. It also provides for each outcome goal a plan for planning the sustainability of best practices learned over the past ten years of Washington State's participation in the MIG program.

A. Vision for Systems Change and Remaining Barriers to Employment

Washingtonians with disabilities have become accustomed to living in the community, and have developed an expectation of participating in opportunities like those of their neighbors and friends. A future of life-long total dependency on social insurance or means-tested programs is not an acceptable option to many people with disabilities – or to the providers and program staff that support their efforts to participate more fully in the community. In part, this culture of expectation and belief

that continuing systems change will occur as innovative strategies evolve and are put into practice is a product of a values-based philosophy that spread across the state in the 1980s. This dynamic had a significant impact on many stakeholders in the developmental disabilities community, who were ready to move forward on implementing principles of community inclusion. Coupled with values articulated by the state Division of Developmental Disabilities (DDD) system that affirmed the belief everyone could work and contribute to their community, integrated employment as the expected outcome for people with developmental disabilities became the standard in Washington State. Between 1985 and 1990, the state established and met the goal of having 1,000 individuals participate in supported employment. That level of success reflected a new level and quality of partnerships between the state agency, counties, and service providers, and introduced the importance of providing person-centered supports to promote competitive and meaningful employment outcomes – a dynamic that continues to raise the expectation of employment for all today.

Although achievements made in the delivery of supports and services to individuals with developmental disabilities continue to broaden and enhance competitive outcomes, more needs to be done to provide the same opportunity to others – those living in communities where lesser resources remain a barrier to their receiving integrated services. Much more needs to be done as well for individuals with psychiatric disabilities in the state who are working or wish to work. In spite of significant progress made in the state in recent (and earlier) years, and in part due to improvements resulting from positive systems change, the need for community education and outreach, benefits planning services, and service integration continues to grow. To meet these needs and facilitate a fulfillment of the heightened expectations that systems change has promoted, this proposal supports the advancement of the *PTE* Vision for Washingtonians with disabilities: **“An environment that**

empowers individuals with disabilities who want to work with comprehensive health care coverage, employment services and supports, and meaningful opportunities for career advancement and asset development.”

In the current economic environment, the lack of job availability is affecting many individuals with disabilities or without in the state. As is the case for the majority of working age adults, the job growth that occurred during several years or more of significant economic expansion has been followed by a terribly high unemployment rate. Following a description of the current economic outlook in the state, the remaining systemic barriers to employment for individuals with disabilities this proposal seeks to lessen or remove are identified. Following that, the next section describes the work plan of goals and strategies the project proposes as a best approach within the state to significantly impact the competitive employment of individuals with disabilities. The partnerships formed to achieve the project goals and the roles they will play in sustaining related strategies beyond the grant project are discussed in the context of each objective.

Assessment of Current Economic Outlook¹

The impact America’s “Great Recession” has had on workers in Washington State provides a lens for better understanding employment trends among the state’s workers with disabilities. Perhaps most notably, Washington’s seasonally adjusted unemployment rate remains high at 9.1 percent.² Looking back over recent history, the state experienced employment declines in all but two of the 19 months following February 2009. After reaching a peak in employment in December 2007, Washington State lost over 130,000 jobs. This translates into a 4.5 percent decline in employment between the December 2007 peak and September 2009. By the end of this period – which some now assume to be the official

¹ Unless otherwise specified, please see “2009 Washington State Labor Market and Economic Report.” Olympia, WA: Washington State Employment Security Department, Labor Market and Economic Analysis (LMEA).

² Wallace, Dave (2010). “Washington State Employment Situation Report for May,” Washington State Employment Security Department, LMEA.

recession period – almost twice as many Unemployment Insurance beneficiaries had exhausted their benefits when compared to the previous year. Paradoxically, the average wage in the state actually increased by 1.9 percent in 2009, but this was due largely to the thousands of low-paying jobs that were lost.

Not surprisingly, recovery is likely to take time. Three of the past five recessions in Washington involved job losses under two percent, compared to 4.5 percent in this most recent recession. In the wake of the last recession, it took the state three and a half years to return to pre-recession employment levels. It took the Seattle metropolitan region over five years to recover the lost jobs.

Projections of future job growth are encouraging but also suggest that the road to recovery may be especially challenging for workers with disabilities. The good news is that Washington is projected to gain a net 307,000 new non-farm jobs by 2017, with an average annual employment growth rate of 1 percent. That said, the fastest growth is projected to occur for jobs requiring a bachelor's degree or higher, a level of educational attainment that, by some estimates, half as many individuals with disabilities in Washington State have achieved relative to their peers without disabilities.³

Systemic Barriers in the Current Context

Although significant improvements in the delivery systems that support the competitive employment of individuals with disabilities have been achieved through the MIG program, some of the same fundamental problems continue to present themselves as recurring barriers to even greater success. Too often still many may encounter a system of mixed messages, low expectations, segregation, fragmentation, contradiction, and complexity. To further enhance the state's capacity to

³ Workforce Training and Education Coordinating Board, "Workforce Development Focus on Disabled in Washington," <http://www.wtb.wa.gov/WorkforceDevelopmentFocusonDisabledinWashington.asp>.

support and sustain continued progress in its pursuit of the principles outlined in the grant solicitation, the *PTE* initiative is designed to help reduce if not eliminate barriers in three major areas:

- The need for increased community education and outreach that is provided more locally and frequently to reduce fear and instill hope that competitive employment is a viable option for all, including youth in transition as they plan and prepare for a work career that begins right after if not before graduation, without the loss of health care and supports.
- The increased interest in and need for benefits analysis and planning, including management of work incentives to purchase work supports and/or capitalize self-employment ventures – and the need for technical assistance to help benefits planners meet these growing needs.
- The ongoing struggle to provide employment supports and services to a greater number of individuals, especially those with psychiatric disabilities served under a Medicaid B3 waiver that offers limited funding for supported employment or related services needed to encourage more competitive employment outcomes.

B. Goals and Objectives to Achieve and Sustain

The PTE initiative began several years ago to embed its focus on sustainability for current projects and those planned for the next and final year of the MIG program. That effort has encouraged the state to use grant funds to leverage other resources to begin, expand, and enhance specific projects and activities. That focus and effort will help make sustainability of most strategies – and in particular those that have been refined over time through lessons learned – much easier to achieve beyond MIG funding. Their cost and benefits can be reflected in valid data and have served to strengthen and more fully integrate the expectation within all systems that employment supports and services will continue

to be funded – at least to the extent that doing so remains viable within future budget parameters and legislative appropriations.

In its efforts to sustain the dynamic that continues to raise the expectation of employment for all today in this state, the MIG Advisory Board, which serves to represent the aspirations and priorities of its consumers and stakeholders identified over the past five years, proposes six primary outcome goals for the next grant year. The core infrastructure components and the plans to achieve and sustain them by participating partners are described below.

As defined in the solicitation, each measure of sustainability is ranked with an assessment of Sufficient, Not Sufficient, or Unknown to reflect the anticipated capacity of the MIG project to successfully achieve them. Those measures include:

- 1) Evidence or indicators of internal and external leadership
- 2) Performance measures/program data
- 3) Strategies to engage decision makers who will commit to the work of sustaining successful projects and activities funded by the MIG program beyond its conclusion next year

Some strategies contribute to the success of reaching more than one Outcome Goal. Strategies identified in the work plan are included in the sustainability plan for the Outcome Goal for which they are a primary strategy.

Use of Grant Funds for 2011 – Outcome Goals and Strategies

Outcome Goal 1: Increase the number of working age adults with disabilities who are employed and receiving state/federal healthcare benefits by 3% in 2011 from a baseline to be established on

12/31/2010. Concurrently, increase annually the number of individuals enrolled in the HealthCare for Workers with Disabilities (HWD) program – the state's Medicaid Buy-in – by 5% in 2011 from a baseline to be established on 12/31/2010. Project staff will use Washington administrative data for tracking purposes.

Core components – Outreach and Community Education and Medicaid Buy-in – strategies:

- Continue community education and outreach at the state and local level on the availability and use of SSA and Medicaid work incentives to individuals with disabilities, family members, service providers and other community stakeholders.
- Provide webinar and face to face training events to increase the number of individuals in the state who receive formalized training on SSA and Medicaid work incentives to attain varying levels of expertise and promote employment as a viable option for people with disabilities.
- Collaborate with the Division of Vocational Rehabilitation (DVR) to provide “Train the Trainer” activities for continued expansion of the WorkStrides approach to improving employment outcomes for individuals with disabilities through collaboration with the state’s eight Tribal [American Indian] Vocational Rehabilitation Programs and community rehabilitation programs/service providers.
- Support implementation of the Working Age Adult Policy (WAAP) for individuals with developmental disabilities. WAAP is the statewide "Employment First" policy, which mandates that "supports to pursue and maintain gainful employment in integrated settings in the community shall be the primary service option for working age adults."
- Replicate and/or modify Highline Community College’s Developmental Disabilities Certificate Program at one or more sites to expand the pool of providers in the community who are trained on

the foundation of supported employment, marketing, and job development, support, and retention services, and to expand the state's capacity to provide supports associated with better employment outcomes.

- Develop and implement innovative policies that encourage and further incentivize the employment goals of individuals with disabilities, including work on asset development strategies.
- Develop and distribute informational materials that describe the benefit of HWD for individuals with disabilities who want to pursue and maintain competitive employment – with the added focus of how it and other SSA and Medicaid work incentives will fit into the bigger picture of health care reform.

Sustainability Plan and Readiness Ranking for strategies identified in Goal 1

1) Leadership – Internal and External

Medicaid Purchasing Administration (MPA) Office of Medicaid, Medicare, Eligibility and Policy (OMMEP) staff will have some administrative time resources to continue training efforts beyond the life of the grant. They also have the capacity to convene key partners and have developed training practices/tools that can be maintained and updated for future efforts. The MIG has provided years of training and mentoring on federal and state-specific programs and policy to create sustainable leadership in the benefits planning community that will live far beyond the life of the grant. Partnerships developed over the grant years to provide community education and outreach to general and targeted audiences include those between MPA, Division of Vocational Rehabilitation (DVR), Governor's Committee on Disability Issues and Employment (GCDE), DDD, Washington Initiative for Supported Employment (WISE), Division of

Behavioral Health and Recovery (DBHR), Department of Services for the Blind (DSB), the Work Incentives Planning and Assistance (WIPA) programs, and others.

Working Age Adult Policy

DDD implemented a new state policy in 2004 that reflects its long-standing promotion and support of gainful employment in integrated settings for working age adults with developmental disabilities. The policy establishes employment supports as the primary use of employment/day program funds for working age adults. To further promote individual choice, employment supports and services will be tailored to the needs, interests and abilities of each individual. Under this initiative, all working age adults with developmental disabilities are expected to be on a path toward employment. This effort helps sustain many of the other supports brought together by the MIG grant.

WorkStrides

The Washington MIG program continues its partnership with DVR to fund an innovative and ambitious career development workshop and assessment tool developed in 2005 called *WorkStrides*. The program is offered to customers with disabilities and assists them in looking at their:

- Vocational strengths, interests, and values
- Job readiness factors
- Individual barriers to employment
- Self-esteem and how they project themselves to an employer
- Goal setting
- Decision-making

- Problem-solving

and in creating a self-developed Action Plan for them to go to work. Participants also receive benefits planning services from DVR staff.

Implementation of *WorkStrides* involves on-going staff training and outreach both internally and outside of DVR. To continue to expand the availability and use of *WorkStrides*, DVR has collaborated and continues to do so with Tribal VR partners, some WorkSource (One Stop) offices, and interested community rehab programs (service providers) to offer Train-the-Trainer sessions for their staff.

Incorporating *WorkStrides* into the conventional employment services delivery system seeks to provide career development methods that work more successfully for people with complex disabilities. While traditional career development methods work quite successfully for many people, they do not adequately address the circumstances and needs of an individual who experiences a combination of significant physical, psychological, and cognitive barriers to employment. *WorkStrides* serves to directly address the needs of those with significant and more complex disabilities in providing meaningful experiences that contribute to developing self-esteem, employment and ultimately economic self sufficiency.

Ranking: Sufficient

2) Performance Measures/Program Data

Refer to the Employment Monitoring Database Project (EMDP) in “Data Collection and Monitoring Plan” for a description of employment outcome data collected through funding contributed by DDD, DVR, DBHR, and for Medicaid Buy-in (MBI) data – the MIG program; EMDP will continue without any MIG dollars beyond the grant. DDD will continue to gather and

evaluate data that indicates the number of working age individuals who are assisted on their pathway to employment, and collect data on training events for different audiences. DVR will continue to gather data on the number of WorkStrides Train the Trainer and program presentations and the number of participants. Data collected for tracking purposes include but are not limited to:

- Number of presentations and participants
- Number of individuals who access work incentives (collected by DDD)
- Number of SSI-related clients with earnings in ACES (the state eligibility system), i.e. receiving Medicaid
- Number who enroll in HWD

Ranking: Sufficient

3) Strategies for Sustainability

MIG staff developed many training materials and have disseminated them widely to trainers in other DSHS divisions and community based organizations. WISE will maintain and update training materials and provide presentations to community stakeholders to some degree through a separate and ongoing contract with DDD to help meet county program needs. MPA will continue to review them for compliance with federal and state regulations and offer materials updated by the Medicaid agency as policy and procedures are integrated into health care reform legislation.

Current trainings are provided for free or at a very low cost. Should additional funding need to be leveraged on a state or local basis, registration fees could be implemented to offset costs

for events sponsored by community partners. County programs can also contribute some dollars for community education and outreach.

In August 2009 the *WorkStrides* Program Manager position was eliminated and the duties and responsibilities were transferred to the DVR Training Manager, who is one of the co-authors of *WorkStrides*. During that time DVR was short-staffed in several offices, which made offering *WorkStrides* difficult. Currently there is renewed interest in offering it again, and supervisors are sending newly hired staff to participate in the *WorkStrides* Train-the-Trainer series. DVR plans to continue expanding *WorkStrides* to its community partners and Tribal VR programs. DVR is committed to this program and continues to explore additional opportunities for keeping the program viable.

Ranking: Sufficient

Outcome Goal 2 – Reverse the current downward trend and increase the competitive employment rate of individuals with severe mental illness in the state from 11% to 12%. Baseline will be established according to data timeframes. Project staff will use data collected by the state’s EMDP described in the “Data Collection and Monitoring Plan.”

Core component – Employment Supports: Supported Employment – strategies:

- Provide coordinated technical assistance (TA) to regional support networks (RSNs) and their providers on the use, funding, and fidelity assessment of the evidence based practice of supported employment to strengthen employment services to individuals in the public mental health system. As one primary activity among others in the state to support this outcome, this work is referred to as the Willing Partners (WP) project.

- Build on the successful development and operation of a public Housing Consortium over the past two years to form a Mental Health Employment Consortium (MHEC). The MHEC will bring together diverse and influential stakeholders in employment to learn new and promising practices, coordinate efforts, and create funding, service and planning initiatives to broaden and enhance employment outcomes for consumers.
- Train RSN and provider agency advisory and policy boards on the clinical value of employment for persons with mental illness and its importance as a central component of a service system based on recovery.
- Collaborate with the SSA Work Incentives Planning and Assistance (WIPA) program, Plan to Work, to fund a full time Community Work Incentives Coordinator to work within the WP project.

Sustainability Plan and Readiness Ranking for strategies identified in Goal 2:

1) Leadership – Internal and External

The DBHR operates with many partners, including the 13 designated RSNs and their network of more than 150 subcontracted community-based mental health providers. DBHR has the capacity to convene stakeholders, and can successfully facilitate formation of the MHEC described in the outcome goal. Membership will include RSN, state, DVR, consumer, supported employment programs, Work Source (One Stops) and other allied systems partners. To strengthen their commitment to sustaining strategies funded next year beyond the MIG program, members will receive special training from local and national experts on the case for making employment a priority in their counties, regions, and the state – and most importantly, within each consumer’s treatment plan.

The Mission Statement of Washington State’s mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work, and participate in their community by administering a public mental health system that promotes recovery and resiliency as well as personal and public safety. To encourage success in these efforts, DBHR is committed to exploring use of block grant and other funds to sustain them into the future. This project also enjoys strong support from the state’s current Mental Health Transformation Grant (MHTG), which is the only one in the country that added employment and housing goals to its project workplan.

Having strategic partners aligned within the same department has created beneficial relationships to sustain the MIG activities. This combined with strategic alliances between other granting programs like WIPA and MHTG will continue to support these efforts in the future.

Ranking: Unknown, the MIG is working with partners to obtain long-term sustainable agreements that will endure beyond 2011.

2) Performance Measures/Program Data

Refer to the EMDP in “Data Collection and Monitoring Plan” for a description of employment outcome data currently collected; EMDP will continue without any MIG dollars beyond the grant. These comprehensive outcome data will help validate the impact of the WP project. Recent enhancements made to data collection programming have provided the capacity to track outcomes at the individual county level. Previously, outcomes were reported at the RSN level. Other measurables for 2011 will include:

- After recruitment and formation, the MEHC will meet at least twice

- At least one new RSN will receive expert technical assistance and consultation in 2011 and at least one RSN currently receiving assistance will receive deepened support
- At least four RSN advisory and/or policy boards will receive specialized training on the clinical importance of employment to consumers and the importance of developing, supporting and sustaining efforts, programs, and services to improve employment outcomes
- The number of targeted trainings provided by the designated benefits planner for the project and the number of consumers served by the WP who receive planning services

Ranking: Sufficient, programmatic research will be operational for sustainability beyond the life of the MIG.

3) Strategies for Sustainability

Sustainability will primarily be the joint responsibility of DBHR and the RSNs that manage public mental health services on the local level. Specifically, lessons learned, tools developed and utilized, funding streams that are developed and relationships created with allied systems will continue to be beneficial to RSNs and staff assigned to advance the WP Initiative. Ongoing collaboration with DVR will result in better cross-systems work with mental health providers and better outcomes for shared clients. Embedding the importance of employment within the policy and advisory boards of RSNs and providers will assure that advances made in employment among constituents will be sustained and supported through planning and funding decisions. Other funds, likely to include Block Grant funding, will be used to continue the collaborative efforts established through the employment consortium, which will continue to

be a responsibility of the DBHR employment lead. DBHR will provide and disseminate a report of WP impact on employment for all stakeholders.

Ranking: Sufficient, partnership and programmatic research will be operational for sustainability of the initiatives beyond the life of the MIG.

Outcome Goal #3 – Design, develop, test and implement a state-specific Pathways to Employment (PTE) web portal for customers, their family, professional helpers, and community stakeholders. The portal will include a benefits estimator, a business/employer locator, and a resume builder to assist the job search process, tips for discussion of disability disclosure, and video success stories. Additional components include information on educational opportunities, assistive technology and transportation to support gainful employment. The capacity to collect user feedback and comments and technical support functions are included along with links to professional helpers and benefits planners to further support user needs. The portal management console will provide analytic processes measuring website use and effectiveness and allow ad hoc modifications to the benefits calculation algorithms as benefit rates change.

Core Outcome – Outreach and Community Education – strategies:

- Complete design, develop and prototype the *PTE* web site with the benefits estimator and link to selected videos that reflect consumer and employer perspectives on successful employment outcomes.
- Implement and enhance a business/employer proximity locator, online resume builder, and “when to disclose” components to enhance the use and value of the site.
- Develop and implement capacity of platform to support and facilitate training on work incentives to groups and to provide aggregate data on consumer demographics to stakeholders.

- Communicate and coordinate introduction of the website, its benefits, and how to use it to consumers and the larger stakeholder community.

Sustainability Plan and Readiness Ranking for strategies identified in Goal 3:

1) Leadership – Internal and External

The project's Information Technology Manager will oversee the website design, implementation and enhancement processes, and coordinate with DSHS Information Services Division and the WA Department of Information Services to ensure compliance with federal and state information technology security standards and client privacy protection laws. Senior information technology staff are creating the application, supporting databases, and design and programming the planned web content, which conforms to W3C and ADA standards. This website will be fully embraced as adding value to the DSHS Vision of promoting better health and employment outcomes for those it serves through partnerships at the state and local level and the leveraging of limited resources.

Ranking: Sufficient

2) Performance Measures/Program Data

The capacity to collect user feedback and comments and technical support functions are included along with links to professional helpers and benefits planners to further support user needs. The portal management console will provide analytic processes measuring website use and effectiveness. The project is on schedule and on budget. The project status is closely monitored and reported to the Website Manager each week along with any risks, mitigation strategies and milestones achieved. The PTE project is managed using Project Management Institute global standards and practices.

Ranking: Sufficient

3) Strategies for Sustainability

The PTE is a DSHS “sub site application”. As such, the W3C and ADA compliant project is subject to ongoing Information Technology Portfolio Management review, which closely monitors its effectiveness and efficiency. The application and databases are compliant with DSHS web publications standards, user privacy along with state and federal security standards. Ongoing maintenance costs will be minimal and absorbed by the Department as part of its mission to promote better health and greater self-sufficiency for the many families and individuals it serves.

Ranking: Sufficient

Outcome Goal 4: Increase the number of individuals in the state who receive training on SSA and Medicaid work incentives to attain varying levels of expertise and promote employment as a viable option for people with disabilities. Concurrently, increase the number of benefits planning specialists who meet state standards for providing community training, information and referral on state and local resources, and individual benefits plan analyses and follow up services.

Core outcome – Benefits Counseling and Work Incentives Program – strategies:

- Provide webinar and face to face training events to increase the number of individuals in the state who receive formalized training on SSA and Medicaid work incentives to attain varying levels of expertise and promote employment as a viable option for people with disabilities. Completion of these tiered modules by members of the community helps identify best candidates for the state’s Benefits Planning Academy or Community Work Incentive Coordinator (CWIC) training.
- Collaborate with the OR MIG and the WA Initiative for Supported Employment (WISE) to provide an in-state Benefits Planning Academy for individuals interested in becoming state-certified planners.

Individuals will complete prerequisite training modules to provide evidence they are capable of completing the academy, which covers state-specific benefits in addition to federal programs and work incentives. Those who complete it and pass written examination receive state certification.

- Provide enhanced technical assistance (TA) to newly trained benefits planners through contract with WISE and use of project staff time. Additional TA may include assistance with giving first presentations in the community and first interviews with consumers (and as appropriate their families or designated others) to begin the planning process and analysis. Implement use of blog site to post and discuss non-emergent issues.
- Collaborate with WISE and the State's two Work Incentives Planning and Assistance Organizations (WIPA) projects to sustain and enhance network of planners around the state, including WIPA Community Work Incentive Coordinators, county staff in DD and MH programs, and VR counselors. This strategy includes developing and hosting monthly webinars and/or quarterly face to face meetings to present program updates, cover added topics of interest, share best practices and lessons learned, and facilitate opportunities for partnering at the state and local level during the grant year and beyond.
- Participate in the MIG-RATS (Research and TA) workgroup that will administer a benefits planner survey in participating states, then work to define and implement quality assurance components that enhance the delivery and effectiveness of benefits planning services at the individual state level.

Sustainability Plan and Readiness Ranking for strategies identified in Goal 4:

1) Leadership – Internal and External

MPA OMMEP staff will have some administrative time resources to continue training efforts beyond the life of the grant. They also have the capacity to convene key partners and have developed training practices/tools that can be maintained and updated for future efforts. The MIG has provided years of training and mentoring on federal and state-specific programs and policy to create sustainable leadership in the benefits planning community that will live far beyond the life of the grant. The MIG has created sustainable leadership within WISE, DDD, and DVR to create a statewide leadership network of benefits planners. This leadership has spanned its reach to create a partnership with the Oregon Work Incentives Network, which is performing a similar sustainable initiative in Oregon. This leadership team is committed to assuring a high quality of benefits planning services across the state of Washington beyond the life of the MIG. The MIG has been an integral partner in implementing training for certified planners within the county DD system. Participating counties have responded by providing a significant investment in developing an infrastructure for their planners. Counties will continue to provide financial and human resources to ensure the continuation of benefits planning services after 2011.

The MIG provided initial training for DVR staff who wanted to offer services as a certified Benefits Planner. DVR has since taken the lead to build within its own system the capacity to provide all of its customers with benefits planning services. A description of its capacity and commitment for continuing to embed these services include:

- Basic Benefits Planning curriculum, offered three times each year for all DVR staff, which is currently required to be taken by all counselors and recommended for all Rehabilitation Technicians.
- Additional training at the local level as needed.

- Benefits overview training provided as part of the Mental Health Cross Systems training.
- Training on Supplemental Security Income (SSI) Basics provided at the unit level to all units in the state.
- Plan to Achieve Self Support (PASS)/Impairment Related Work Expense (IRWE) Long Term support training provided at the unit level.
- Advanced Benefits Planning training three to four times each year for DVR staff who are certified and providing planning services to their own caseload customers.
- Ongoing mentoring for certified DVR staff who provide these services to their customers.
- SSI and Social Security Disability Insurance (SSDI) guides for their staff that provide standardized and easy to understand information.
- A well maintained Benefits Planning section on the DVR Intranet, including developing and updating various resources for DVR staff use, including handouts in addition to the SSI and SSDI guides, web links, referral information, etc.
- DVR Benefits Planners act as a Help Desk answering benefit related questions from DVR staff and customers via email and phone calls.
- Provision of approximately 300 to 400 benefit analyses and 50 to 100 brief contacts per year per each of three Area Benefits Planners.
- Benefit Specialists review Benefit Planning Queries (BPQYs) from Social Security for DVR staff comfortable doing their own benefit planning and write a case note in most cases unless the BPQY is very straightforward.

Ranking: Sufficient

2) Performance Measures/Program Data

All MIG partners will continue to gather data on numbers of individuals who receive a benefits analysis, numbers of presentations conducted regarding SSA and Medicaid work incentives and numbers of attendees. Other data collected and reported will include work completed by WISE under their MIG contract with DDD:

- Number of times Benefits Planners use the PTE web portal to provide their services
- Number of webinars conducted
- Number of Benefits Planners that access the monthly webinars, request and receive TA and training
- Listing of topics and number of attendees during virtual network meetings
- Number of tiered trainings provided
- Number of newly trained and certified Benefits Planners

Ranking: Sufficient

3) Strategies for Sustainability

County DD Coordinators meet bi-monthly to discuss program issues, and employment supports for people with disabilities are a major discussion topic. These decision makers have been engaged over the past several years regarding MIG funded efforts. Project staff will continue to participate in the bi-monthly meetings to ensure their continued support beyond the life of a grant. MIG project staff will continue to collaborate with WIPA staff, DVR and other MIG partners in 2011.

MIG project staff and WISE have developed training practices and tools that are accessed statewide. WISE will continue to maintain and update training materials and provide technical assistance beyond 2011. Current trainings and TA are provided for free or at a very low cost,

providing a sustainable funding option. Should additional funding need to be leveraged on a state or local basis, registration fees could be implemented to offset costs for providing them beyond the grant. County programs also contribute some dollars for training and TA. Also, WISE and DDD will facilitate the effort among network members to identify and agree upon plans for providing TA, e.g. rotating responsibility, entering case scenarios and policy clarifications into a database that could be maintained after MIG by ADSA or MPA on current websites.

MPA OMMEP staff will have some administrative time resources to continue training efforts beyond the life of the grant. Many training materials have been developed by MIG staff and WISE and have been widely disseminated to trainers in other DSHS divisions and community based organizations for systemic integration. WISE will maintain and update training materials and provide presentations to community stakeholders to some degree through a separate and ongoing contract with DDD to help meet county program needs.

Of particular note is current planning by the state's DD agency to itself become, or to facilitate the formation of a consortium of counties to become an Employment Network under the New Ticket. A study is underway now to support the decision process on this issue. The primary focus of this effort is to assure funding for future TA to benefits planners, educational events in the community and schools, and a comprehensive core-training program for professionals delivering employment training and support through the Supported Employment Certificate Program: a one-year program through the community college system, which covers three quarters and offers five credits and 55 hours of instruction per quarter.

Ranking: Sufficient

Outcome Goal 5 – Increase annually by 50 the number of youth in transition who exit high school into

paid employment through design and use of braided funding streams.

Employment Training and Education – strategies:

- Support WISE in its collaborative work with DVR, the King County DD program, and local school districts to increase the number of students exiting the School to Work Training program with a job.
- Assist stakeholders to develop their own infrastructures for helping youth in transition to understand, access, and use work incentives to improve their employment outcomes.
- Participate in annual conferences sponsored by Centers for Medicare and Medicaid Services (CMS) and/or TA Partnership, the National Consortium for Health Systems Development (NCHSD), to build state-to-state coalitions for bringing state policy makers together to share innovation, best practices, and lessons learned.

Sustainability Plan and Readiness Ranking for strategies identified in Goal 5:

1) Leadership – Internal and External

Counties will continue to invest in working with high school transition programs to increase the numbers of graduates who exit school with a job. In spite of serious budget cuts made during the recent legislative session, an appropriation in excess of \$6million was included in the 2010 Supplemental Budget to provide employment supports and services for youth in transition programs in need of them after high school graduation. This funding will help school to work programs improve their success in connecting graduates to employment vendors that can provide follow along services.

Ranking: Sufficient

2) Performance Measures/Program Data

- Number of school districts participating in the King County School to Work Program

- Number of schools actively involved in training and TA efforts
- Number of trainings for topic area and number of participants for these events
- Number of youth who exit high school with a job

Ranking: Sufficient

3) Strategies for Sustainability

Counties will continue to invest in working with high school transition programs to increase the numbers of graduates who exit school with jobs. Use of the tools and data created by the partnership of the MIG will continue to infuse longevity of school transition efforts beyond the life of the MIG.

Ranking: Sufficient

Outcome Goal 6: Support, promote, and contribute to research and evaluation of the Medicaid Buy-in (MBI) at the state and federal level, in part, to maintain the understanding of its importance in the context of health care reform. MBI is referred to as HealthCare for Workers with Disabilities (HWD) in WA State.

Medicaid Buy-in – strategies:

- Collect and submit annual HWD finder and premium files to Mathematica Policy Research (MPR).
- Participate in the MIG-RATS (Research and Technical Assistance to States) project that accesses the integrated data set collected on MBI programs by MPR.
- Use recent study and report of employment outcomes after enrollment in HWD completed by the department's Research and Data Analysis (RDA) Division to prepare issue brief(s) that describe the impact of health care reform on individuals with disabilities who work.

Sustainability Plan and Readiness Ranking for strategies identified in Goal 6:

1) Leadership – Internal and External

The state's Medicaid Buy-in (MBI) program, known as Healthcare for Workers with Disabilities (HWD) was implemented in January 2002 under the Ticket to Work and Work Incentives Improvement Act (TWWIIA). HWD is administered by the Medicaid Purchasing Administration. HWD enrollment continues to grow at a moderate but steady pace; current enrollment is approaching 1,700. The net income eligibility standard for HWD is 220% of the federal poverty level (FPL); no asset test applies. Enrollees must be employed and pay a monthly premium that does not exceed 7.5% of total income. HWD participants can access personal assistance services provided under the State Medicaid Plan, if an assessment of their functional needs according to the Comprehensive Assessment Reporting Evaluation (CARE) tool meets program criteria.

HWD has since been added as an eligibility group for most waivers administered by ADSA. In 2006 it became available for individuals with developmental disabilities, and in 2009 for all others approved for waiver services.

Providing these enhanced MBI options for individuals with disabilities reflects the continued expectation of competitive employment and economic advancement within the state. As a result, Washingtonians with disabilities, who may or may not need the additional services available under a waiver program, may pursue to a much higher degree what most others take for granted – the opportunity to earn and to save or spend as much they are able and want to do without the fear of losing critical health care and supports.

Ranking: Sufficient

2) Performance Measures/Program Data

Refer to the EMDP in “Data Collection and Monitoring Plan” for a description of employment outcome data collected through funding contributed by DDD, DVR, DBHR, and for MBI data, the MIG program; EMDP will continue without any MIG dollars beyond the grant.

Ranking: Sufficient

3) Strategies for Sustainability

Having strategic partners aligned within the same department that share the common goals of assisting Washingtonians with disabilities to live and work in their communities and communicate the opportunities for increased independence facilitated eventual amendments to state waivers to add the Buy-in as an eligibility group for them. Such beneficial relationships and partnered efforts to support these critical goals help sustain many of the other supports brought together by the MIG program. Strategic alliances between other granting programs like WIPA and the state’s Money Follows the Person project also continue support of these efforts in the future.

Ranking: Sufficient

C. Outreach and Partnerships

In its initial response to the Ticket to Work and Work Incentives Improvement Act (TWWIIA) the Governor’s Executive Policy Office began working with DSHS to maximize the State’s opportunity to further support the competitive employment of people with disabilities. DSHS convened a work group comprised of key staff from many of its administrations to begin the process of analyzing the potential impact and possibilities presented by enactment of TWWIIA legislation. The DSHS Work Group is an intra-agency coalition comprised of key staff from the Medicaid Purchasing Administration, Aging and Disability Services Administration (ADSA), Economic Services Administration, the Division of Vocational

Rehabilitation Services, and the Division of Research and Data Analysis (RDA). Participating entities within ADSA include the Divisions of Developmental Disabilities, Home and Community Services, and Behavioral Health and Recovery. ADSA administers the state programs that provide personal assistance services, referred to in Washington State as Medicaid Personal Care (MPC), and the Home and Community Based Services (HCBS) (or waiver) programs authorized under Section 1915(c) of the Social Security Act.

From its beginning the inclusive nature of the Work Group's membership has facilitated collaboration and communication among a broad spectrum of state and community organizations to identify best systems change goals and strategies to implement them. In addition to encouraging different administrations of DSHS to work together in developing complementary program policies, the Work Group's efforts have enabled the department to address concerns of the diverse populations it serves in a more holistic manner. The many established relationships brought to the table by participating staff have provided strong communication channels for soliciting meaningful input from individuals with disabilities, members of the disability stakeholder community, and the business community for defining the state's implementation of the MIG program and for communicating to them its successes and measured progress.

These relationships and the collaborative work they facilitated to broaden and strengthen the state's capacity to support the competitive employment of individuals with disabilities soon brought many more partners to the MIG table. Many of those individuals and organizations have since become members of the MIG Advisory Board. In addition to the DSHS Administrations and Divisions already mentioned, members now include representatives from the:

- Governor's Committee on Disability Issues and Employment (GCDE)

- Plan to Work, the WIPA program for all but two counties in the state, which is administered by GCDE
- Positive Solutions, the WIPA program for King and Kitsap Counties, which is administered by a non-profit organization
- Clark County Community Services – Mental Health
- King County Department of Community and Human Services – Developmental Disabilities Division
- A mental health consumer and an Employment Support Specialist, who provides Benefits Planning and Peer Support services
- Department of Services for the Blind
- Washington State Rehabilitation Council
- Washington Workforce Training and Education Coordinating Board
- Disability Rights of Washington (Protection and Advocacy System)
- Washington Initiative for Supported Employment

Having facilitated the formation of this broad network of community stakeholders that remains strongly committed to a continuing fulfillment of the *PTE* initiative beyond the end of the MIG program, project staff are confident that activities outlined in this proposal will be completed successfully, including those which seek to assure their sustainability into the future. The Letters of Support/Endorsement/Commitment included with this proposal reflect the strong partnership and collective will behind the MIG and its anticipated continuing success. Each member of this partnership will continue their capacity to convene this group and other stakeholders beyond the life of the grant to sustain efforts in the state to support the competitive employment of individuals with disabilities.

Additional partnerships formed between members of the MIG Advisory Board and staff involved in other state initiatives to promote collaborative work and planning include those with the Mental Health Transformation Grant (MHTG) and the Roads to Community Living (RCL) demonstration project. The MHTG, funded through the federal Substance Abuse and Mental Health Services Administration, is administered by the Office of the Governor; the RCL project, funded through the CMS Money Follows the Person program, is administered by ADSA. Other partnerships through different members of the advisory group who work directly with community based organizations include:

- Washington Institute for Mental Health Research and Training
- National Alliance for the Mentally Ill (NAMI) Seattle
- Washington State Mental Health Planning and Advisory Council
- Partnership 2020 (P2020)
- Community Advocacy Coalition
- Washington Association of County Human Services
- RSN Advisory Boards
- Washington Community Mental Health Council – the business association for many of the licensed community mental health agencies in the State
- NAMI Washington
- Community Transformation Partnership
- Washington State Clubhouse Association
- Youth N’ Action

D. Data Collection and Monitoring Plan

To facilitate the on-going data integration and quantitative analysis of participation in the Medicaid Buy-In program, and to continue monitoring premium liabilities of Medicaid Buy-In (HWD) enrollees, the MIG project collects and submits an annual Finder File and Premium File to Mathematica Policy Research (MPR), Inc. MPR collects these files from each participating state and conducts analyses of data on Buy-In participants from federal Medicaid, Social Security Administration, and Internal Revenue Service files. Results of these analyses are included in the Government Performance and Results Act (GPRA) Report for the Medicaid Infrastructure Grants Program, and are presented in other reports and issue briefs. RDA performs the data collection and presentation process for submitting the state's annual Finder and Premium files.

RDA is instrumental in transforming client and employment data from a variety of welfare and social service systems into more research-friendly formats for use in the evaluation of social and health services and their effects on the employment outcomes of service recipients. MIG participates in the EMDP, which generates quarterly reports on earnings of those being served by the department through its interface with Unemployment Insurance (UI) data. These reports include ongoing data that include:

- Current Employment – by Demographics, Program Type, Impairment Code, and by RSN when appropriate
- Employment Retention – One and Two Years Later, and by Demographics, Program Type, Impairment Code, and by RSN when appropriate
- Employment Patterns Through Time

For tracking progress in each of the outcomes of the project, MIG staff use the quarterly EMDP reports, in addition to other administrative data, individual counts from benefits planners completing analyses and plans, and data collected by the MIG DDD program manager from county programs and school districts. This process has been implemented into a larger data collection system, which is prepared for operational continuation far beyond the life of the MIG.

E. Technical Assistance Plan

The Washington State MIG project is a charter member of the National Consortium for Health Systems Development (NCHSD) State-to-State Technical Assistance (TA) Partnership. The *PTE* initiative and staff will continue to participate as a “State Leader” in the NCHSD TA Partnership. NCHSD facilitates the dissemination of information on best practices and lessons, provides a national forum, conference, and website for participating MIG states, and provides tailored technical assistance to meet state-specific needs. The *PTE* TA plan will be negotiated with NCHSD and communicated to the grant source, once the Project Director and MIG Advisory Board members identify state priorities upon the receipt of a MIG award letter in response to this proposal.